Complete if Known IDS Form PTO/SB/08: Substitute for form 1449A/PTO Application Number 09/662,217 September 14, 2000 Filing Date INFORMATION DISCLOSURE First Named Inventor Hideo ANDO STATEMENT BY APPLICANT Art Unit 2616 (Use as many sheets as necessary) Examiner Name BOCCIO, Vincent F. 04329.2384 Sheet 1 Attorney Docket Number

U.S. PATENTS AND PUBLISHED U.S. PATENT APPLICATIONS						
Examiner	Cite		Issue or	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
Initials	No.1	Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY			
VKS		US-2003/0152370 A1	08-14-2003	Otomo et al.		
m		US-2002/0081099 A1	06-27-2002	Tsumagari et al.		
m		US-2002/0015580 A1	02-07-2002	Ando et al.		
Ms		US-6,104,684	08-15-2000	Moriyama et al.		
W		US-6,389,222 B1	05-14-2002	Ando et al.	RECEIVED	
443		US-6,353,702 B1	03-05-2002	Ando et al.	MAR 1 0 2006	
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					FFICE OF PETITIONS	
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Note: Submission of copies of U.S. Patents and published U.S. Patent Applications is not required.

	FOREIGN PATENT DOCUMENTS							
Examiner Initials	Cite No. <sup>1</sup>	Foreign Patent Document  Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Translation <sup>6</sup>		
VKS		JP 62-234474	10-14-1987					
1/11		JP 51-21726	02-21-1976					
MS		WO 00/62295	10-19-2000			Abstract		

NON PATENT LITERATURE DOCUMENTS				
Examiner Cite Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the it (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		m Translation		
VPS		Hideo ANDO et al., U.S. Patent Application No. 09/659,583, filed September 11, 2000.		
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